

Night Owl Monthly Parking Application

Garage: _____ Account Number: _____
 Name: _____ Employer: _____
 Address: _____ City/State/ZIP: _____
 Phone: _____ Email: _____

Night Owl Monthly Parking (\$36/month) – 4pm through 6am Monday through Thursday; 4pm Friday through 6am Monday.

Vehicle Information:

Tag #	Make	Model	State	Year	Color
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Rules & Regulations:

Payment is due on or before the first day of each month. If payment is not received by the 10th of the month, a late fee totaling 10% of the outstanding balance will be added and your card will be disabled. If your card is disabled, you must pay the daily parking rate in order to exit the garage. The fee will not be applied toward the balance and NO REFUNDS will be given for parking fees.

A deposit equal to the monthly fee is due in advance. The deposit will be refunded when you turn in your card, as long as all monthly charges are paid in full and the card is returned by the 5th of the month. If the card is returned after the 5th of the month, or if your parking privileges are revoked for unauthorized use of your parking card by other persons, you will be charged for that month. There is a \$25 replacement fee for a lost card.

Unauthorized use of your card by other persons will result in the permanent loss of monthly parking privileges at this parking garage and prohibition of monthly parking privileges at all other City parking facilities. NO EXCEPTIONS.

The City of Greenville reserves the right to cancel this agreement with a 30-day written notice. Additionally, the City reserves the right to increase monthly parking fees with a 30-day written notice.

The City shall not be responsible for loss, damage to property or personal injury as a result of parking at the above location. Any vehicle left in the garage longer than 72 hours is subject to being towed at the owner’s expense. The undersigned waives, releases, and covenants not to sue City for damages to property and/or personal injury, including death, resulting from your use of the parking garage, unless same are caused by the gross negligence and/or willful misconduct of City.

I have read and understand the information above and agree to abide by all monthly parking rules and regulations.

Signature: _____ Date _____

For Office Use:

Date Issued _____ Card # _____ Acct# _____ Issued by _____
 Posted Deposit _____ Fees _____ Notes _____